



Travis County Drive a Clean Machine
700 Lavaca Street, PO Box 1748, Austin TX 78767 (512) 854-5020



NOTE: Applications must be received by the county program administrator for the AirCheckTexas Repair & Retirement Assistance Program **within 30 days** of the date of failing the emissions test.

SECTION I: Applicant Information

1. Applicant: _____ Check One: ☐ Vehicle Owner ☐ Authorized User
2. Address: _____ 3. City: _____
4. State: _____ 5. ZIP: _____ 6. Date of birth ____/____/____
7. Telephone number: _____ 8. Driver's license # _____
9. Are you applying for (check box): ☐ repair ☐ replacement (only vehicle owner can apply for replacement assistance)

SECTION 2: Vehicle Information and Eligibility Requirements

- 10a What county is the vehicle registered? Travis ☐ Williamson ☐
10. Is the vehicle currently registered, and has been registered for the last 12 months? Yes ☐ No ☐
11. Has vehicle failed the emissions portion of the annual test and vehicle is less than 10 years old: Yes ☐ No ☐
12. For assistance with emissions repairs, the vehicle must pass the safety portion of the annual inspection.
Did the vehicle pass the safety portion of the inspection? Yes ☐ No ☐
13. For assistance in replacing your vehicle,
 - can the vehicle be driven to a vehicle retirement facility? Yes ☐ No ☐
 - has it passed inspection within the last 15 months? Yes ☐ No ☐
14. Is your vehicle gasoline powered? Yes ☐ No ☐
15. License plate: _____ 16. Odometer reading _____
17. Vehicle make: _____ 18. Vehicle model: _____ 19. Model year: _____
20. Vehicle ID number (VIN): ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____ (17 characters)
20a If you are applying for the replacement program: is your vehicle's title free of liens and in the applicant's name? Yes ☐ No ☐

SECTION 3: Applicant Eligibility

21. Total household take-home pay in last 30 days: \$ _____ 22. Number of persons in household: _____
23. Proof of Income (check one):
☐ Pay stubs (last 30 days)
☐ Tax return from most recent year-end
☐ ID card or letter showing a member of your household receives SSI, TANF, Food Stamps, Medicaid, WIC, CHIP, Lite-UP or certain other federal or state programs.
24. Name and amount of any other sources of income: _____

Affidavit: I hereby certify under penalty of perjury, that all the information contained herein is true, complete, and correct. I acknowledge that all information given is subject to verification and/or monitoring. I authorize Travis County representatives to verify information needed to certify my eligibility.

Signature of applicant named above Date: _____

Printed Name Email address

This application must be completed and legible. Fax this form, with a copy of your driver's license, vehicle title, and proof of income to 512 854 5021 or mail it to Travis County/DACM, PO Box 1748, Austin TX 78767

NOTE: YOUR NAME, TELEPHONE NUMBER, AND HOME ADDRESS MAY BE SUBJECT TO DISCLOSURE UNDER THE TEXAS PUBLIC INFORMATION ACT.